

CLAIMS

1. A surgical implant, comprising:
  - 5           a device body having a head-end and a tail-end, and overall with a relatively narrow width, and a relatively taller height for insertion between adjacent upper and lower vertebrae;
  - an indent in said tail end providing for a  
10       secure gripping of the device body with a tool during surgical implantation;
  - a set of intersecting and symmetrical planar surfaces enveloping the device body and providing for simplified machining compared to compound radius  
15       surfacing;
  - a taper between said head and tail ends comprising two opposing ones of said set of intersecting and symmetrical planar surfaces and providing for a relative front-back tilt between said adjacent upper and  
20       lower vertebrae; and
  - a textured surface disposed on said two opposing ones of said set of intersecting and symmetrical planar surfaces.
- 25       2. The implant of claim 1, wherein:
  - the device body is about 6-9 millimeters in width, 10-16 millimeters in height, and about 22 millimeters long.
- 30       3. The implant of claim 1, wherein:
  - the indent is a hole that fits and matches a corresponding tooth in said tool.
4. The implant of claim 1, wherein:  
35       the set of intersecting and symmetrical planar surfaces are configured to minimize manufacturing costs.

5. The implant of claim 1, wherein:

the taper is oriented posteriorly in a patient and provides for easier packing of cancellous bone grafts and around and between a pair of implants.

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6. The implant of claim 1, wherein:

the taper allows said tool to be used for an incision only large enough to accommodate the largest cross section of the device body.

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7. A method for surgically implanting a prosthetic in a human spine to promote bone fusion of two adjacent vertebrae, comprising:

a flap technique incision of an annulus  
15 fibrosis corresponding to an affected area of a spine;  
removing a diseased or deteriorated disc;  
inserting two surgical implants through the  
incisions in the annulus fibrosis; and  
packing bone grafts and between and lateral to  
20 said surgical implants;  
wherein, permanent bone growth and fusion  
between inferior and superior vertebrae then occur  
naturally after surgery.

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8. The method of claim 7, further comprising:

closing said incision in the annulus fibrosis  
after the step of packing bone grafts.